

Moving Forward Safely

Wendy Marks December 2020

Happy Holidays! However you are celebrating, I wish you joy and love and quiet time, balanced with time for growth and opening up of new beautiful ideas for being your best self in 2021. It will be a better year. We have loved ourselves and others through this difficult time and the light



is at the end of the tunnel. We can make it through this last bit safely and with our great compassion.

Thank you for reading my newsletters. I hope I help people navigate decisions about their health and well being. This article is meant to provide some points for thought and discussion.

We had such high hopes for 2020. It seemed an auspicious number. A small article in the papers about an obscure set of deaths in Wuhan, China last winter seemed like a blip. Distant and remote. But, as we learned yet again, we are all interconnected.

History may be the only way to really understand what happened. But until then we must make decisions every day. And we need to look forward. Recriminations are a luxury of the future. Right now we need to figure out how to walk our way to something resembling normal. First, let me beg everyone to continue to take precautions by wearing masks and hand sanitizing, and not socializing with people outside of your bubble. We still have at minimum six months of getting things under control. We must hang tough during this stretch of time. The more people we continue to infect, the longer it will take for us to recover.

It's wonderful that we are entering a stage where there are vaccines that appear to be efficacious. Our "eyes on the prize" would see relatively painless herd immunity worldwide.

No disease ever completely goes away. We occasionally see incidences of old enemies pop up: polio, smallpox, measles. These diseases are living things that compete for existence as do we. What we are attempting is coexistence with them in a way that they do the least harm to the population. This is not a war that vanquishes, but one that subdues.

The quick development of effective vaccines is a miracle. People are joyous about being able to return to normal as soon as possible. But no matter what, there will be some side effects and consequences from the vaccines. Everyone I talk to seems to have an opinion. They cover the gamut from fears about our future activities being tracked by Big Brother on our phones, to unalloyed positive response. I'd like to take a step back so we can all plan for our best future.

I believe strongly in integrative medicine. As I often say I am a "whatever works" girl. Western medicine has made many lifesaving breakthroughs, saving millions of lives. Alternative/Complimentary Medicine has done so as well. It's all about balance.

I am by no means an anti-vaxxer. Smallpox killed off entire populations of Native Americans in this country. Measles has damaged and killed many people. Polio is an appalling disease. Nobody with any sense wants to return to the pre-vaccination days.

The nature of vaccines is that we start out with something that controls severity and spread, and keep improving it over time. The nature of the disease (in this case the COVID-19 virus) is to stay alive and mutate as necessary to maintain its existence. The polio vaccine, for example, has undergone many incarnations, as has smallpox and others. So we get better at figuring out what works, and diseases keep mutating to stay one step ahead of us. We are at the very beginning of figuring out what works for COVID-19. Short term results are excellent and appear

safe. That's great news. However, to my knowledge we have never had a vaccine go to market with such little long-term testing. We are rushing to implement.

With 3000 people a day dying in this country, should we not think about getting this under control before we worry about the long-term side effects that may or may not show up years from now? Of course we need to act. But please let us act thoughtfully.

From the CDC "History of Smallpox:"

"Vaccines have been used as far back as there are records. Smallpox evidence has been found in Egyptian mummies. . . . On average, three out of every ten people who got it died. . . . One of the first methods for controlling the spread of smallpox is the process by which material from smallpox sores (pustules) was given to people who had never had smallpox... This was done either by scratching the material into the arm or inhaling it through the nose. This system worked. Most people usually went on to develop the symptoms associated with smallpox, such as fever and a rash. However, many fewer people died."

A little bit of something that kills you probably will get you a little bit sick, but prevent you from getting very sick and dying. Fast forward to present times. We currently have two sets of options on the market at this time.

Traditional Vaccines

Traditional vaccines are created from a pathogen. A pathogen is the virus we are trying to master. As with smallpox, we are taking a small dosage of it— either "alive" or "dead"— reducing, sanitizing, and putting it in a carrier material, and then injecting the substance into the body to give a very low-level experience of the offending disease. That builds the body's immunity. We learn how to fight it, recognize it when it comes around again, and kill it. Immunity can last different lengths of time based on the disease, the type of vaccine, and so on. This is true for both traditional and the new MNRA vaccines.

MRNA Vaccines

From Wikipedia (don't laugh— you use it too):

"Before 2020, no MRNA technology platform (drug or vaccine) had been authorized for use in humans, so there was a risk of unknown effects, both short and long term (such as autoimmune responses or diseases). The 2020 coronavirus pandemic required faster production capability of MNRA vaccines and made them attractive to national health organizations, leading to debate about the type of initial authorization MNRA vaccines should get, including emergency use authorization or expanded access authorization, after the eight week period of post final human trials.

RNA vaccines offer a specific advantage over traditional proteins vaccines because RNA vaccines are not constructed from an active pathogen (or even an inactive pathogen). They are non-infectious. In contrast, traditional vaccines require the production of pathogens, which, if done at high volumes, could increase the risks of localized outbreaks of the virus at the production facility. RNA vaccines can be produced faster, more cheaply . . . which can improve responsiveness to serious outbreaks."

Excellent news. We worked hard and implemented a new technology that made it through FDA approval with record speed, and works over 90% of the time. But the fly in the ointment...

In a webcast with Dr. Sanjay Gupta of CNN, sponsored by Harvard University and The New England Journal of Medicine, Dr. Anthony Fauci said, "The allergic reactions were concerning but most likely rare, the kind of effects that show up when a vaccine moves out of testing and into broader distribution. If I were a person that had an underlying allergic tendency, I might want to be prepared that I might get a reaction and therefore be ready to treat it." Dr. Fauci acknowledged that the problem could turn out to effect a lot of people. "That's one of the reasons why it's important to cover the waterfront with different vaccine platforms," he said, adding, "If in fact we do find out that there's a consistent issue of a certain subset of people like those with allergic reactions, you always have other vaccine platforms that you can use and hopefully you will not see that with those other platforms."

To Recap

For COVID-19 there are 2 types of vaccines: traditional, which injects you with a little of the bad stuff and you get a mild case, and a new technology that hasn't been used before, called MRNA, which may actually work better in the long term because it's easier and more consistent to use. But we don't have data on its long-term potential issues and problems. That doesn't mean that those problems and issues will occur, or that the traditional vaccines won't have issues of their own.

What to Think About

What I'm suggesting is that if you have an underlying condition, allergic or autoimmune in particular, perhaps you wait a bit and continue to shelter in place or take strong precautions at work and home, and see what kind of results we get from the initial round of vaccinations. Not years, just months.

The Pfizer and Moderna vaccines are MRNA vaccines. The Oxford Astra Zeneca, the Russians Sputnik V, and the Israel Institute for Biological Research's BriLife are based on traditional technologies. There are also about another 17 in the pipeline. The efficacy appears to be about the same. We are awaiting data that should be available from the first round within a month or so. Many more vaccines will be approved.

Perspective is difficult. We are striving to just get through each day safely. There's so much information and lack of clarity swirling around. It can make your head spin. I have deliberately stayed away from discussions of the money supporting the vaccines and the various countries' politics around the matter. I learned a lot about these things but it just made my head hurt. Ultimately it's about how good the vaccine is, if it works, if it has potential side effects— short and long term— and how long it provides immunity. These are the questions I believe we should be focusing on and continuing to discuss with our communities and health care providers.

I spent hundreds of hours reading articles from all over the world and tried to put together something helpful, balancing enthusiasm with caution. If you would like to discuss in greater depth any of the topics raised above, I'm more than happy to do so. We can talk about your individual situation and what you may want to discuss with your healthcare provider. We will succeed and our next holiday season will be a very bright one.

Namaste,

Wendy